

ARKANSAS STATE PLANT BOARD
APPLICATION FOR IDENTITY PRESERVED/QUALITY ASSURANCE PROGRAM
(COMPLETE ALL BLANKS)

NAME _____ PHONE(____) _____ FAX(____) _____

ADDRESS _____ ZIP _____

1) _____ KIND (USE A SEPARATE APPLICATION FORM FOR EACH KIND)

2) _____ ACRES TO BE INSPECTED

3) _____ NUMBER OF FIELDS TO BE INSPECTED

4) TYPE OF FIELD INSPECTION NEEDED: (CHECK ALL THAT APPLY)

_____ MAPPING INSPECTION

_____ FLOWERING INSPECTION

_____ GREEN INSPECTION

_____ PUBESCENCE INSPECTION

_____ MATURE FIELD INSPECTION (INCLUDES INSPECTING FOR OTHER CROP, OTHER VARIETIES & NOXIOUS WEEDS)

_____ NOXIOUS WEEDS INSPECTION

_____ OTHER WEEDS/CROPS INSPECTION _____

_____ OTHER INSPECTIONS (PLEASE LIST) _____

5) A SEED DEALER'S LICENSE IS REQUIRED IF THIS SEED IS TO BE SOLD FOR PLANTING PURPOSES.

6) A FIELD INSPECTION FORM WILL BE DESIGNED FOR YOUR FIELD INSPECTION NEEDS. THESE FORMS SHOULD BE FILLED OUT FOR EACH GROWER/FIELD AND RETURNED TO THE SEED DIVISION. (IF YOUR COMPANY ALREADY HAS AN INSPECTION FORM YOU WISH TO USE, PLEASE SUBMIT YOUR FORM FOR REVIEW.)

7) FEE INFORMATION: FEES ARE SET BASED ON TYPE(S) AND COMPLEXITY OF INSPECTIONS REQUESTED. AFTER RECEIVING THIS FORM, WE WILL CONTACT YOU REGARDING FEE STRUCTURE.

8) A DETAILED MAP WITH LANDMARKS WILL BE REQUIRED TO BE SUBMITTED WHEN THE FIELD INSPECTION FORM IS COMPLETED AND RETURNED. TIME BECOMES CRITICAL FOR YOU AND FOR OUR INSPECTORS DURING THE HARVEST. A GOOD MAP WILL ALLOW THE INSPECTOR TO FIND THE RIGHT FIELDS. EVEN IF YOU PLAN TO HAVE SOMEONE AVAILABLE TO SHOW THE INSPECTOR THE FIELDS, PLEASE ENCLOSE A MAP.

SIGNED _____ DATE _____

ARKANSAS STATE PLANT BOARD
SEED DIVISION
PO BOX 1069
LITTLE ROCK, ARKANSAS 72203
PHONE (501) 225-1598 FAX (501) 225-7213